

Printable Report

Transcription

Type	ID	Date and Time	Author
Operative Note	DCTSMS9D1833183	5/28/2005 12:01 PM	Uwhc Provider

Anterior spinal fusion, L

University of Wisconsin Hospital and Clinics

NAME: [REDACTED]
NUMBER: 1584570 (00003312279) DOB: [REDACTED]

SURGERY DATE: 12/18/97

PREOPERATIVE DIAGNOSIS:
L2-3 instability and degenerative disk disease.

OPERATION:
1. Anterior spinal fusion, L2-3.
2. Anterior instrumentation using intervertebral cage, L2-3.
3. Left anterior iliac crest bone graft harvest.

POSTOPERATIVE DIAGNOSIS:
L2-3 instability and degenerative disk disease.

ANESTHESIA:
General endotracheal.

CLINICAL NOTE:
The patient is a [REDACTED] man who has previously had L5-S1 fusion for spondylolisthesis but now has developed increasing midback pain. Flexion and extension views show instability at L2-3 with marked degenerative changes at that level. Operative treatment has been offered, consisting of lateral, retroperitoneal, endoscopic interbody fusion using a custom lateral threaded cage. The procedure, its inherent risks, potential benefits and investigational nature have all been explained to the patient who understands and wishes to proceed.

OPERATIVE NOTE:
Following general endotracheal anesthesia, the patient remained supine on the operative table. The left arm was draped across the chest and kept well padded. The right arm was kept on an arm board, and a bump was placed beneath both knees. The abdomen was then prepared with Betadine and draped in a sterile fashion. We began with a 2 inch oblique incision over the left anterior iliac crest which was subpericostally exposed. Through two 1/4 inch drill holes, we harvested cancellous bone using a trephine. This wound was then irrigated, bone waxed and closed in layers with Vicryl.

We then made a fluoroscopically-guided skin incision which was just distal to the tip of the 11th rib on the left side in a spot that was equidistant with the anterior margin of the vertebral bodies. This incision was 3 cm in length. Blunt dissection was carried down to the external and internal oblique layers, and digital dissection was carried out to enter the retroperitoneal space. An origin?? balloon was then placed and inflated in the retroperitoneal space, and the psoas muscle was identified. We then removed this balloon and placed the ??origin?? balloon trocar and then used gas insufflation in the retroperitoneal space to distend it. We then placed one 10 mm and two 6 mm portals in this lateral area. Blunt dissection was then carried out using ??tweezers?? to identify the anterior margin of the psoas at the L2-3 disk space. Fluoroscopic guidance was used to locate the disk space. A portion of the psoas muscle was cauterized and then retracted in an anterior to posterior direction. Once this was retracted posteriorly, it was kept in place with a K-wire impacted into the L2 vertebral body. This afforded excellent visualization of the lateral aspect of the L2-



3 interspace. The interspace was incised with a blade and debrided using rongeurs. We were then able to use the lateral cage insertion instruments by first distracting the disk space to a 14 mm height and then placing a drill sleeve in a lateral position at the L2-3 interspace. We then reamed to a depth of 42 mm using an 18 mm reamer. All loose disk material was debrided. A fully threaded 18 x 41 mm custom cage was then fully packed with cancellous bone and threaded across the interspace in a left to right direction. Excellent positioning was obtained on both AP and lateral fluoroscopic images. All endoscopic instruments were then removed, and each of the incisions was closed using 0 Vicryl in the fascia, 2-0 subcutaneous and 3-0 subcuticular Vicryl. Sterile dressings were applied, and the patient returned to his hospital bed.

ATTENDING SURGEON:
Thomas A. Zdeblick, M.D.

ASSISTANT SURGEON:
R. Douglas Orr, M.D.

TAZ:omn D 12/16/97 7:21 P T 12/22/97 1:57 P Doc#: 488405

cc: Thomas A. Zdeblick, M.D.

DOCID:19971222OMN440488405

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(EPIC MRN: 50951102, PPO MRN: N/A, UWHC MRN: 1584570) DOB: [REDACTED] AGE at DOS: [REDACTED] SEX: M

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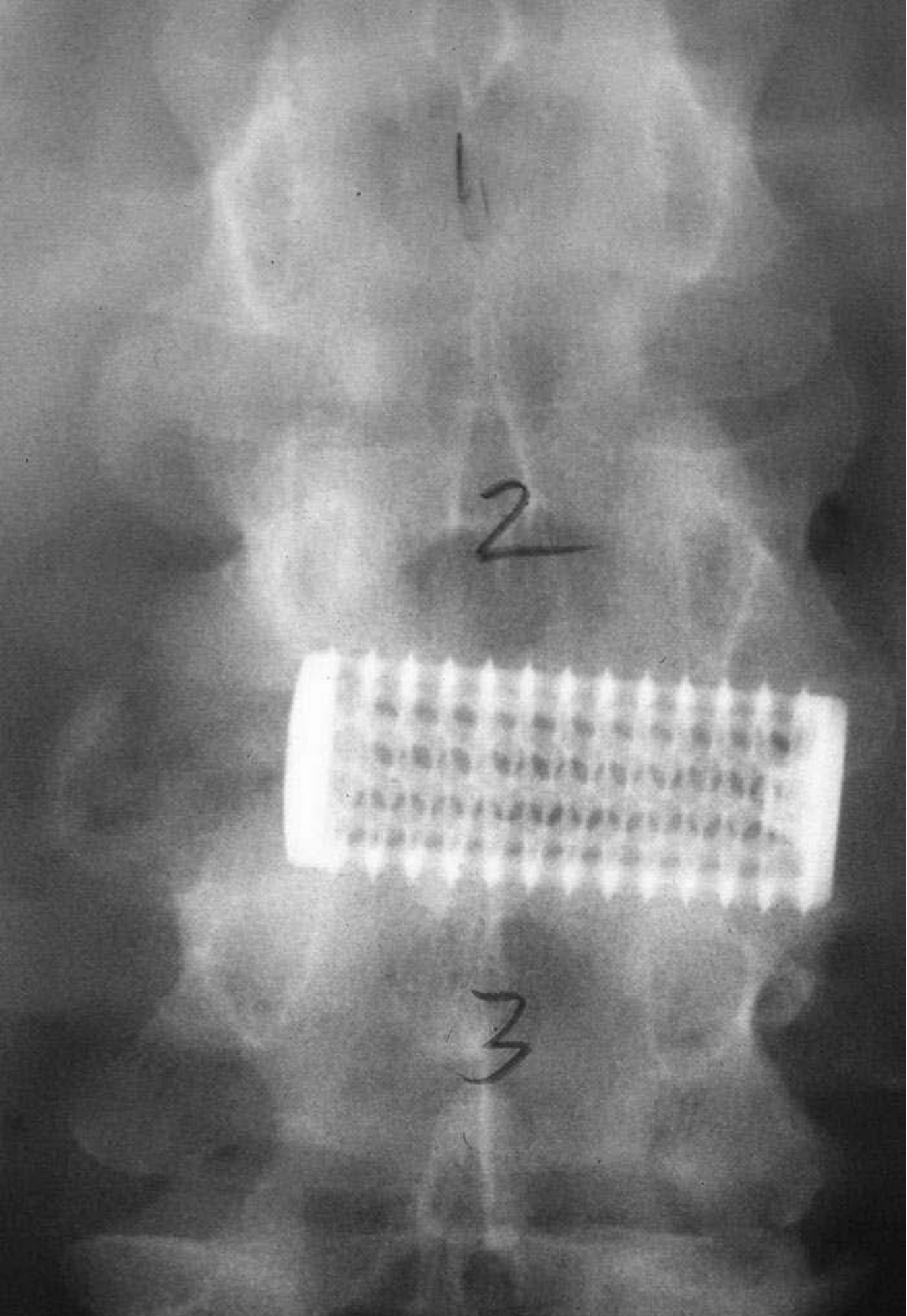
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